

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4400</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DELIANA</u> <u>LELEA-SPEIGHTS</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD &amp; COMMERCIAL WORKERS UNION</u> Labor Organization File Number <u>039-918</u> <u>LOCAL 1442</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>
5. Position in labor organization. <u>OFFICE MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Deliana Lelea Speights

On

7/22/2005  
Date

310-395-9977  
Telephone Number

Name of Person Filing <u>Deliana Lelea-Speights</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <u>Universal Studios Hollywood</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <u>100 Universal City Plaza</u>  City <u>Universal City</u>  State <u>CA</u> ZIP Code + 4 <u>91607</u>	14.a. Nature of payment.  <u>Park Passes for Spouse &amp; Self used on one Saturday during 2004</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>8.00</u>

Name of Person Filing

Deliana Lelea-Spaights

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PACIFICARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any C946-144

Street 5816 CORPORATE AVE

City CYPRESS

State CA ZIP Code + 4 90630

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. UNITED FOOD & COMMERCIAL WORKERS  
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE.

City CYPRESS

State CA ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

PROVIDES MEDICAL BENEFITS  
TO OUR MEMBERS VIA THEIR  
NETWORK OF DOCTORS AND  
HOSPITALS.

11.b. Approximate dollar value of such dealing. \$87,880,292.

12.a. Nature of interest held or income received.

Concert at Arrowhead Pond  
4/2/05 for spouse & self.  
Event + Food = \$ 445

12.b. Amount. 445 -

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>DELIANA LELA-SPEIGHTS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>BLUE CROSS OF CALIFORNIA</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <b>21555 OXNARD ST, MIS AC-PC</b>  City: <b>WOODLAND HILLS</b>  State: <b>CA</b> ZIP Code + 4: <b>91367</b>	9. Business deals with:  a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b> Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b>  Street: <b>6425 KATELLA AVE.</b>  City: <b>CYPRESS</b>  State: <b>CA</b> ZIP Code + 4: <b>90630-0010</b>	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>HEALTH CARE NETWORK PROVIDER FOR BENEFIT FUND TRUST</b> </div> 11.b. Approximate dollar value of such dealing. <b>\$3,764,116</b> 12.a. Nature of interest held or income received.  <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>lunch MARCH 24, 2004</b> </div> 12.b. Amount. <b>\$30</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 100px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

Deliana Lelea-Speights

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Legoland, CA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

One Legoland Drive

City

Carlsbad

State

CA

ZIP Code + 4

92008

14.a. Nature of payment.

Director's Day event  
May 22, 2004  
Admission to  
park & breakfast snack  
for Spouse & self

13.b. Is the Business an Employer

☒

or Consultant

☐

?

14.b. Amount of payment.

94.00

Name of Person Filing

DELIANA LELEA-SPEIGHTS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 60 S. LOS ROBLES AVE

City PASADENA

State CA

ZIP Code + 4 91101

14.a. Nature of payment.

lunch  
June 113.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 30

Name of Person Filing <b>DELIANA LELEA-SPEIGHTS</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEALTH MANAGEMENT CENTER HMC IEBS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <b>32 HAMPDEN ST, 2ND floor</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>MA</b> ZIP Code + 4 <b>01103</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>PROVIDER TRUST WITH SERVICES FOR MENTAL HEALTH AND REHAB.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$2,275,921.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>lunch June 9th</b></p> <p>12.b. Amount. <b>\$30</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Delwana Leleg-Sperghits</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing.  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: <u>Sea World</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <u>2401 East Katella Ave</u> <u>Suite 605</u> City: <u>Anaheim</u> State: <u>CA</u> ZIP Code + 4: <u>92806</u>	14.a. Nature of payment.  <u>Director's Day Event</u> <u>June 19, 2004</u> <u>Admission to</u> <u>Park and breakfast</u> <u>for spouse &amp; self</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>120-</u>

Name of Person Filing **DELIANA LELEA-SPEIGHS** File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: **AMALGAMATED BANK**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **60 S. LOS ROBLES AVE**

City **PASADENA**

State **CA**

ZIP Code + 4 **91101**

14.a. Nature of payment.

*lunch*  
*6-25-04*

13.b. Is the Business an Employer ☒

or Consultant ☐ ?

14.b. Amount of payment.

*\$61*

Name of Person Filing <b>DELIANA LELEA-SPEIGHTS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <b>PATTERSON CAPITAL CORP.</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <b>2029 Century Park East</b> City <b>LOS ANGELES</b> <b>5-2950</b> State <b>CA</b> ZIP Code + 4 <b>90067</b>	9. Business deals with:  a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b> Street <b>6425 KATELLA AVE.</b> City <b>CYPRESS</b> State <b>CA</b> ZIP Code + 4 <b>90630-0010</b>	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> <b>INVESTMENT / MONEY MANAGER FOR PENSION FUND</b> </div>
	11.b. Approximate dollar value of such dealing. <b>\$377,208.</b>
	12.a. Nature of interest held or income received.  <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> <b>July 6th lunch</b> </div>
	12.b. Amount. <b>\$30</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  <div style="height: 100px; border: 1px solid black;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

DELIANA LELEA - SPEIGHTS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

GLOBEFLEX CAPITAL L.P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

4365 EXECUTIVE DR S-720

City

SAN DIEGO

State

CA

ZIP Code + 4

92121

14.a. Nature of payment.

lunch  
July 21

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$30

Name of Person Filing

Deliana Lela - Speights

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PACIFICARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any C 946-144

Street 5816 CORPORATE AVE

City CYPRESS

State CA ZIP Code + 4 90630

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. UNITED FOOD & COMMERCIAL WORKERS  
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE.

City CYPRESS

State CA ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

PROVIDES MEDICAL BENEFITS  
TO OUR MEMBERS VIA THEIR  
NETWORK OF DOCTORS AND  
HOSPITALS.

11.b. Approximate dollar value of such dealing. \$87,880,292.

12.a. Nature of interest held or income received.

CONCERT FOR MY HUSBAND  
\$ I ON 8/22/04

12.b. Amount.

\$210-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **DELIANA LELEA-SPEIGHTS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **FRED ALGER MANAGEMENT INC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

**111 FIFTH AV.**

City

**NEW YORK, NEW YORK**

State

**NEW YORK**

ZIP Code + 4

**10003**

14.a. Nature of payment.

**Lunch**  
**November 3rd**13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

**\$30**

Name of Person Filing <b>DELIANA LELEA-SPEIGHTS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>UNION LABOR LIFE INSURANCE CO</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: <b>1625 EYE ST N.W.</b> City: <b>WASHINGTON</b> State: <b>D.C.</b> ZIP Code + 4: <b>20006</b>	9. Business deals with:  a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b> Street: <b>6425 KATELLA AVE.</b> City: <b>CYPRESS</b> State: <b>CA</b> ZIP Code + 4: <b>90630-0010</b>	11.a. Nature of such dealing. <div style="text-align: center; font-family: cursive;"> <b>INVESTMENT MANAGER</b>  <b>MORT GAGE INVESTMENT</b>  <b>FUND FOR PENSION FUND</b>  <b>J FOR JOBS</b> </div>
	11.b. Approximate dollar value of such dealing. <b>\$64,170.</b>
	12.a. Nature of interest held or income received.  <div style="text-align: center; font-family: cursive;"> <b>lunch</b>  <b>November 24</b> </div>
	12.b. Amount. <b>\$30</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  <div style="height: 100px; border: 1px solid black;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

Deliana Leica - Speights

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PACIFICARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

C 946-144

Street 5816 CORPORATE AVE

City CYPRESS

State CA

ZIP Code + 4 90630

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. UNITED FOOD & COMMERCIAL WORKERS  
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. BOX 6010

Street 6425 KATELLA AVE.

City CYPRESS

State CA

ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

PROVIDES MEDICAL BENEFITS  
TO OUR MEMBERS VIA THEIR  
NETWORK OF DOCTORS AND  
HOSPITALS.

11.b. Approximate dollar value of such dealing. \$87,880,292.

12.a. Nature of interest held or income received.

Lunch meeting  
12/17/04

12.b. Amount.

37-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.